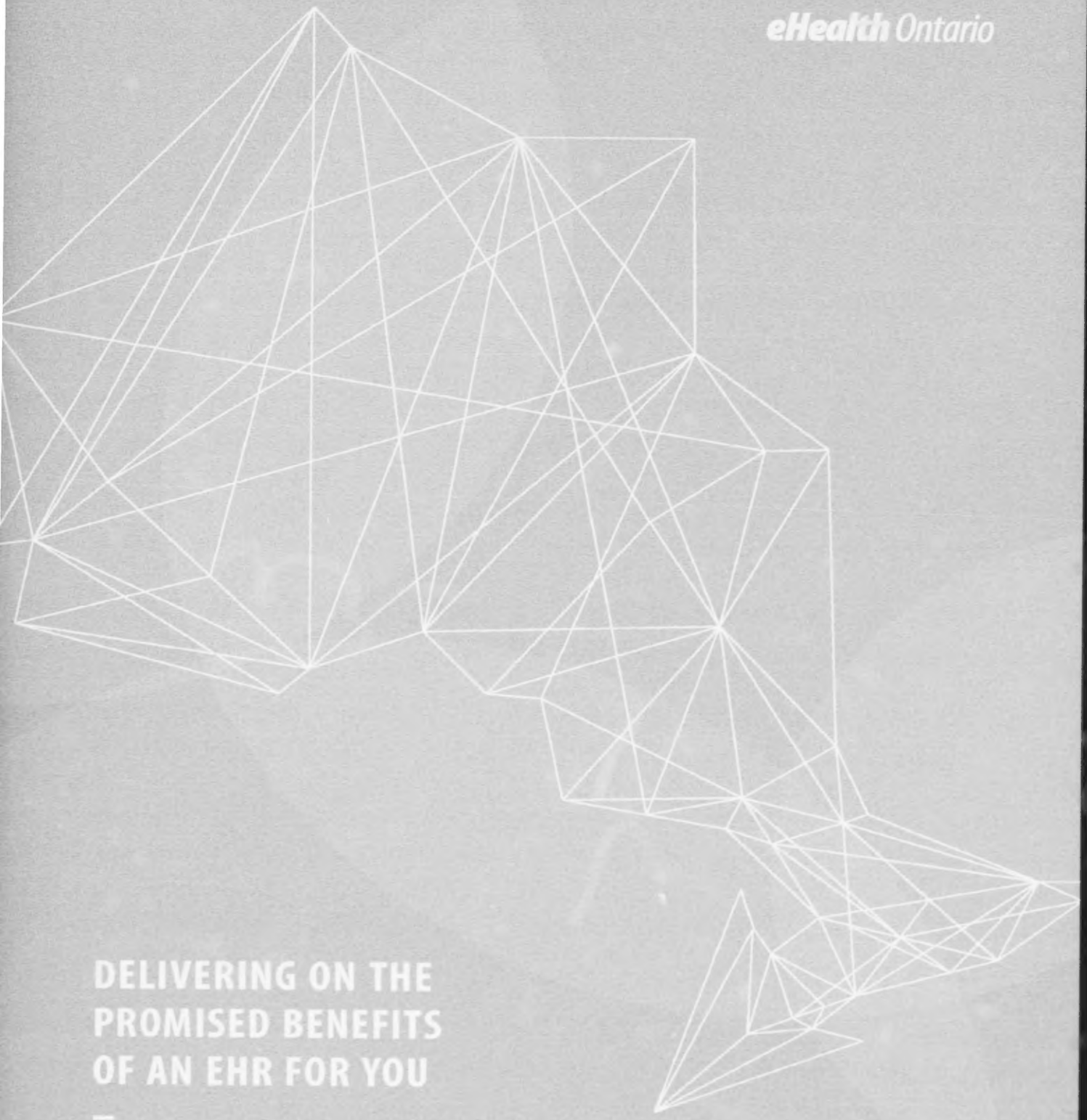
eHealth Ontario



DELIVERING ON THE PROMISED BENEFITS OF AN EHR FOR YOU

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ANNUAL REPORT
APRIL 1, 2014 - MARCH 31, 2015

Ontario
eHealth Ontario

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Welcome from the Chair and CEO

2014–2015 has been a significant year in eHealth Ontario's readiness to deliver an electronic health record (EHR) for every Ontarian.

In fact, there are millions living in the province today who have been touched by the work and investments of eHealth Ontario, whether it's a trip to their doctor's office, an emergency ward, seeking community supports for at home care or seeing a specialist and no longer waiting days or weeks for important hospital, lab and diagnostic imaging results or reports to be shared amongst your care team.

The building blocks are now in place across Ontario, so that clinicians, patients and their families all benefit from the government's investments in health care technology and connectivity. The electronic health record that will be available for a large majority of Ontario residents in 2015, will constitute the largest electronic health care connectivity capacity in any public service in North America. This is a remarkable achievement. We are on the brink of its arrival because of the momentous work done throughout the health care system with eHealth Ontario's leadership and that of its partners.

The most significant outcome of 2014 is the rapidly growing pool of clinical data assets being created at the "grass roots" of the health care system — the clinician-patient relationship. Electronic medical record (EMR) software systems are available now in eight out of 10 primary care offices and facilities. Over 85% of family physicians and clinicians now have access to electronic patient records covering more than 10 million Ontario residents. EMR adoption in Ontario over the last five years, has swiftly changed.

We have achieved significant success in contributing other data assets that are building and informing the electronic health record, such as the Ontario laboratories information system for accessing lab test results and four regional diagnostic imaging repositories for sharing digital images.

In 2014, we also implemented new standards for creating electronic hospital discharge summaries — important records shared with the family physician or the community care access centre when a patient leaves a hospital. It used to take days or weeks for a discharge summary to reach a patient's family doctor. Now, it travels electronically from the hospital to the doctor's or community care access centre's computer screen in as little as one hour — ensuring responsive ongoing care for discharged patients. To date, almost 5,000 clinicians can receive hospital reports in their EMRs and this number grows every day.

Another notable set of data assets in use are patient and health care provider registries, allowing authorized care providers to authenticate and identify clients and practitioners on the system. This way, a specific patient's electronic health record will be properly identified even if they are being treated by a new clinician in a new place. These underlying assets are making a citizen's EHR reliable and secure.

COLLABORATION: KEY TO OUR SUCCESS

Another important shift in 2014 has been the growing degree of collaboration in the health care community towards creating a provincial EHR system in Ontario. In 2014, the newly-elected provincial government reemphasized and even expanded its commitment to leveraging eHealth solutions. Our role in moving this commitment forward has been greatly assisted by the development of Ontario's Ehealth Blueprint and connectivity strategy, laying out for citizens, clinicians and technology experts where we are, where we are going, and the road ahead one building block at a time. This work to develop and publish the EHR blueprint and connectivity strategy is receiving international interest. They greatly assist our partners across the sector in understanding how our collective investments and efforts can serve to build an integrated system of health care information, so funding for technology is invested wisely and in the best interest of the patients.

eHealth Ontario and the Ministry of Health and Long-Term Care are working even more closely together now regarding the future roadmap for ehealth in the province. Technology is only a tool in the delivery of a major reform in the health care system, but it is a tool with incredible power to change how a clinician delivers care, where a clinician delivers care and how quickly well informed care can be delivered.

In February 2015, the government set out a transformational agenda for an unprecedented paradigm shift in the delivery of health care. The "Patients First" agenda is focused on quality of services delivered, integration of services across the continuum of care, reducing the cost of services, and the long-term sustainability of the health care system as a whole. The government also signaled its interest in not only building a safe and secure EHR system to improve patient care, but also leveraging the clinical data to further research, identify trends and advance health care quality.

Raymond V. Hession
Chair

Cynthia Morton
Chief Executive Officer

eHealth Ontario is developing a new connectivity strategy under the guidance of its Board of Directors and the Ministry, along with contributions from a number of key health system partners. This strategy describes how health care information will be connected to create an integrated EHR. Based on extensive consultation, it incorporates contributions not only from the Ministry but from a wide range of stakeholders including clinicians. The strategy will improve the speed and efficiency of health care delivery across Ontario and save the health care system, and taxpayers' money.

FOCUSED ON A HEALTHIER FUTURE

We continue to focus heavily on priorities that demonstrate the value of integrating health information for patients, providers and the health care system. These priorities drive our new strategic directions, and will be greatly informed by the Ministry through their work on a renewed eHealth strategy. This board will assist the minister in his agenda to ensure technology is being used to deliver the highest quality care.

Our work will continue to concentrate on implementation of foundational elements, integrating health information cross-sector, creating scalable and sustainable operations, and facilitating efforts that derive the greatest value for public money.

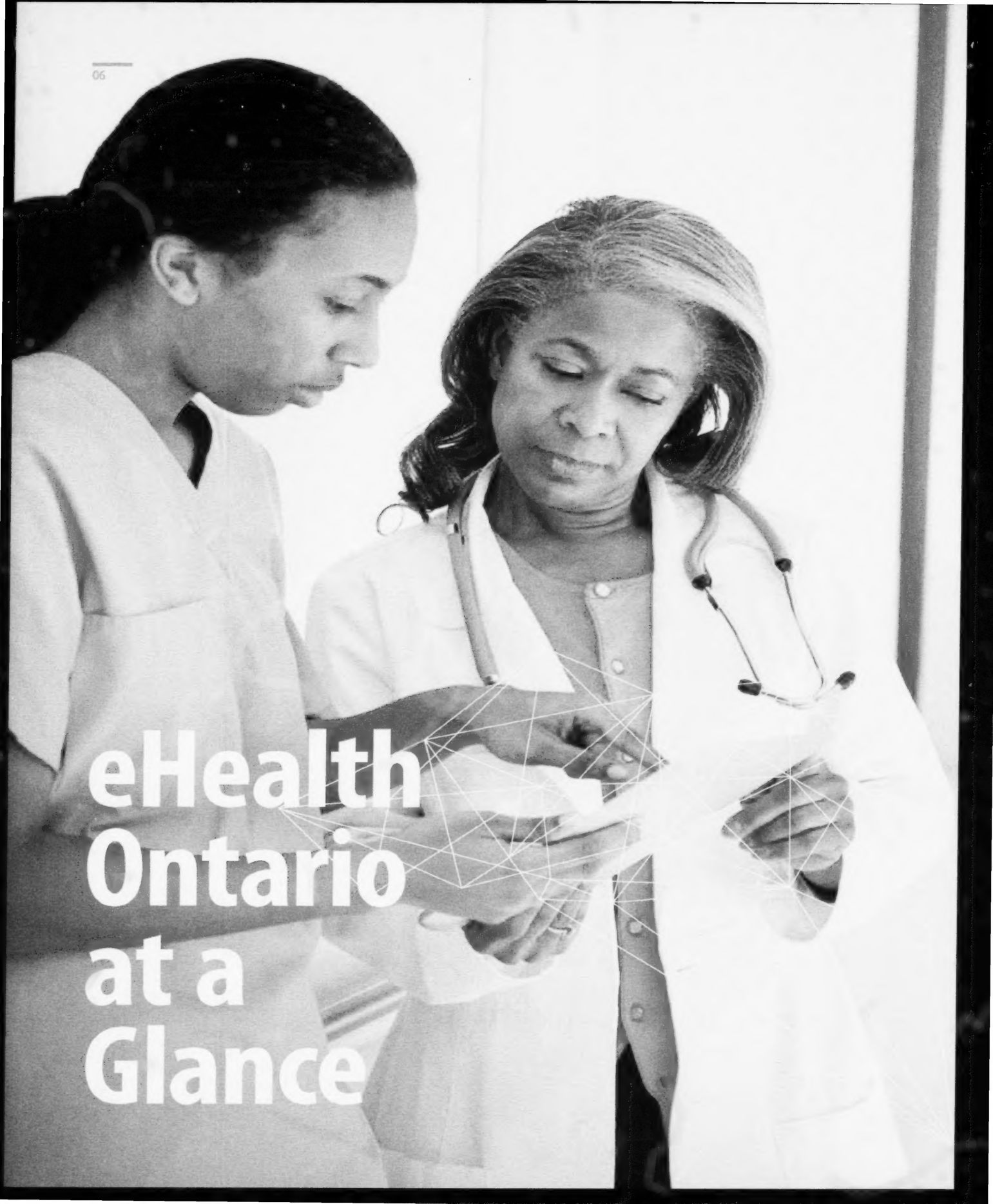
In support of our strategic priorities as a "systems integrator", we are organized into three "pillars" — Architecture, Standards and Planning, Clinical Data Management Services and Operations and Network Integration Services. Together, these pillars allow us to create, share and sustain an EHR for every Ontarian.

As noted, collaboration is a major success factor in our work. In that regard, we both extend our heartfelt thanks to our Board of Directors, Senior Management Committee, staff members and our many stakeholders and regional partners for their support, engagement and commitment to fulfilling the promise of an EHR for all Ontarians. To all of the clinicians and patient advocates who have championed the work we do transforming the quality of care, they remain our greatest asset as we move the health care system to adopt and embrace technological tools to deliver better and faster care.

We are inspired to make a difference in the government's agenda for health care reform and putting patient's first. We have the right people and the right partners. With our renewed vision, we are committed to patients, providers and the health care system in the persistent work of building a foundation for a healthier future.

Raymond V. Hession
Chair, Board of Directors

Cynthia Morton
Chief Executive Officer



eHealth Ontario at a Glance

From patient's electronic medical records to X-rays to lab test results to hospital discharge summaries, critical clinical data is securely moving everywhere across Ontario's eHealth data network. If you come into contact with the health care system in Ontario, you are being assisted by eHealth Ontario's work.

HOW EHEALTH ONTARIO WORKS FOR YOU

We are helping Ontario's health care providers consult one another and share patient information electronically. It's been our over-arching mission since eHealth Ontario was formed and funded by the Ministry of Health and Long-Term Care in 2008.

Today, eHealth Ontario is working across all parts of the province to implement new information technology (IT) that improves health care for the province's 13.6 million citizens. We connect patients, physicians and other health care providers to digital health data, such as the Ontario Laboratories Information System, which gives clinicians rapid access to important lab test results through a centralized repository. And, we help clinicians purchase and adopt electronic medical record (EMR) systems, and partner with hospitals to develop their own EHR systems that seamlessly integrate.

eHealth Ontario also partners with the private sector to deliver electronic health care solutions that support regional health care needs.

OUR TECHNOLOGY INFRASTRUCTURE

eHealth Ontario operates a highly-available, secure and scalable computing infrastructure to support the delivery of its products and services. We are achieving superior parameters of performance and the expansive use of our products and services by clinicians demonstrates this fact.

eHealth Ontario also operates the digital connectivity backbone of the province's eHealth information systems — a secure and high-speed electronic highway. This highway allows health care providers to securely transmit personal health information quickly and easily, and access health care applications and services province-wide.

Separate from the public Internet, this sophisticated private network spans the province, connecting the technology resources of hundreds of health care facilities in all 14 regional Local Health Integration Networks (LHINs).

PRACTICAL SOLUTIONS FOR THE FUTURE OF HEALTH CARE

eHealth Ontario is committed to practical solutions to enabling health care systems and solutions to exchange patient information securely, accurately and comprehensively as quickly as possible.

We do that by leveraging the best of regional integration hubs, and helping to develop ways for them to seamlessly and securely share information.

The work we do ultimately helps patients and health care providers access the information they need, when and where they need it — improving health care for millions of citizens in Ontario. This is our focus and our part in assisting the Ministry achieve its "Patients First" commitment.

eHealth Ontario's Leadership Team

SENIOR MANAGEMENT

Cynthia Morton
Chief Executive Officer

Abigail Carter-Langford
Vice President and
Chief Privacy Officer

Adina Saposnik
Vice President, Technology
Infrastructure Services

Allan Gunn
Chief Financial Officer/
Chief Administrative Officer (Acting)

Dr. Peter A.J. Bascom
Chief Architect

Dr. Wei Qiu
Chief Medical Informatics Officer

F. David Rounthwaite
General Counsel & Corporate
Secretary

Karen Price
Vice President, Procurement and
Corporate Process Improvement

Rob Basque
Senior Vice President,
Integration Services

Robert Mitchell
Vice President, Stakeholder Relations
and Corporate Communications

Sime Pavlovic
Vice President, Clinical Data
Management Services

Tracy Dallaire
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Sue Matthews

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2014–2015 Achievements

Creating Clinical Data for the EHR

eHealth Ontario is rolling out an electronic health record for every Ontario resident. Here's how...

INSTANT DIGITAL ACCESS TO 8 IN 10 LAB TESTS

The Ontario Laboratories Information System (OLIS) now holds more than two billion lab test orders and results. With 96% of community lab results and 80% of the total lab results flowing through OLIS and then on to care provider EMR systems, this online repository of test information and results allows approximately 85,000 registered health practitioners in hospitals, community laboratories, public health laboratories and other health care facilities to easily and securely access tests.

During fiscal year 2014–2015, health practitioners made more than 9.5 million queries to OLIS — a number that is expected to continue to increase in 2015–2016.

In addition to ensuring care providers have timely access to test results, OLIS helps: ensure effective tracking of patient laboratory history and test results over time; provides better coordination of care between multiple practitioners and within health care teams; improves workflow; and reduces dependencies on paper-based systems. It is also helping to reduce unnecessary lab tests and duplication due to the greater availability and sharing of information among providers.

eHealth Ontario is working with labs across Ontario on new data collection initiatives. With OLIS connections expanding in many hospitals across the province, the OLIS repository will be receiving approximately 85% of total test order volumes by March 2016.

100% OF ONTARIO HOSPITALS SHARING DIAGNOSTIC IMAGING RESULTS

Ontario's world-class Diagnostic Imaging (DI) program now gives every hospital access to detailed reports and digital images instead of film, using secure computer systems containing patient radiology exams, including X-rays, CT and nuclear medicine scans, ultrasounds, MRIs and mammograms, to name a few.

For patients, this technology eliminates unnecessary travel, wait times and the length of hospital treatment. In many cases, digital images are available in minutes 24/7 — much faster than waiting for film to be developed.

Since 2013, all 208 Ontario hospital sites and 24 Independent Health Facility (IHF) hubs have been sharing diagnostic images and reports with other hospitals and IHFs in their regions through four diagnostic imaging repositories (DI-rs). Now, access is spreading to include other community-based clinicians as part of the DI Common Service initiative. At present, about 100 health care providers are taking part in a limited production release of the service — an initiative allowing them to share and view patients' diagnostic reports from any of Ontario's four DI-rs with hospital and community-based health care providers — anytime, anywhere.

ENITS: Another successful element of the DI Program is the Emergency Neuro Image Transfer System (ENITS). Whether it's a patient with signs of neurological problems or a stroke victim arriving in the emergency room, many are getting medical help and diagnosis in Ontario through technological developments.

Over 90 Ontario neurosurgeons at 13 neurosurgical centres are now providing online consultations to acute care centres around the province through ENITS. With remote viewing, neuro specialists can consult on emergent head and spine CT and MRI images easier, faster and more accurately — allowing patients with head or spine trauma to receive care closer to home, reducing the need for unnecessary travel, and its cost. Hospitals across Ontario send head and spine scan images to ENITS, where they can be accessed and reviewed by neuro specialists 24 hours a day, seven days a week. ENITS ensures that all Ontarians, regardless of geographic location, have access to a neuro specialist surgeon 24/7.

Telestroke: With the addition of the Ontario Telemedicine Network's (OTN) Telestroke Program to ENITS in 2013, Ontario now has one common platform for all emergency neuro care including, not only head and spine trauma, but also stroke treatment. ENITS is truly a lifesaver — allowing specialists and emergency room physicians to properly assess the stage and severity of a stroke, and determine whether a tissue plasminogen activator (tPA) injection is a viable option to prevent paralysis or death.

All 101 acute care centres in Ontario are "live" with ENITS. Patient transfers were reduced to 30.4% in 2014–15 and there were no out-of-country transfers to deal with neurological trauma in the past two years — compared to a high of 124 out-of-country transfers before ENITS.

GROWING DEMAND FOR ACCESS TO MEDICATION HISTORIES

Rushed into a hospital emergency centre, you may not be able to coherently tell a trauma team whether you are taking any medications that could react adversely to another prescribed medicine. Until recently, many preventable adverse drug events resulted in serious patient health outcomes and additional demands on health care resources.

The Drug Profile Viewer (DPV) has changed all that. Supported by eHealth Ontario, DPV is a secure, web-enabled application available in all Ontario hospital sites, emergency rooms and some community health centres – providing authorized health care providers with prescription drug claims information for 3.8 million Ontario Drug Benefit and Trillium Drug Program recipients.

In just five years, DPV has more than doubled from 1.1 million views annually to over 2.6 million drug histories accessed – a 130% increase by over 11,000 health care providers and administration staff registered and enrolled for DPV access.

Looking ahead, it is clear that access to medication histories would also benefit other health care providers in the province outside the current deployment of the DPV system.

As part of the comprehensive drug profile strategy, eHealth Ontario is working with the Ministry on a plan to expand access to dispensed drug histories with a future vision of providing clinicians with access to all drugs for all people.

ELECTRONIC MEDICAL RECORDS FOR OVER 10 MILLION ONTARIANS

For almost eight out of every 10 Ontario residents, a physician now has the capability in his or her office to capture important patient health information digitally in an Electronic Medical Record (EMR) — a key component of a patient's overall EHR.

To date, EMR software systems have been adopted by over 12,000 of Ontario's community based clinicians — including **8,600+** primary care and **3,400+** specialists. EMRs help improve every patient's quality of care, health care providers' communication and coordination of care, medical practice efficiencies and overall patient experiences.

eHealth Ontario provided full funding and implementation support for all the province's physicians to have EMR systems — enabling them to electronically collect, manage and share patients' health information, including securely receiving lab results, X-rays, MRIs, ultrasounds, hospital discharge summaries and other critical medical data.

Connecting Clinical Data with eHealth Ontario Solutions

EXPANDING THE HIAL: ONTARIO'S EHEALTH CONNECTIVITY LAYER

eHealth Ontario's Provincial Common Integration Services (PCIS) program is helping to integrate the province's various health information systems using the Health Information Access Layer (HIAL), which acts as a data broker in the creation of an individual's EHR by transforming or standardizing the electronic sharing of a patient's clinical information among authorized health care providers. Without the HIAL, the design and delivery of an integrated EHR would be significantly more complex and costly. It is the connectivity backbone of the EHR.

The HIAL has been successfully integrated with various eHealth Ontario assets and health information providers, including the Client Registry (CR), Provider Registry (PR), and User Registry (UR) and partially supports the Provincial Client Registry (PCR) interfaces.

In 2014–2015, the HIAL was migrated from leased facilities at the Markham Data Centre to the government-owned Guelph Data Centre, which houses state-of-the-art equipment.

PROVINCE-WIDE PORTAL ACCESS TO REGIONAL HUBS

Ontario's health service providers can now easily access all three regional integration hub sites in one place—eHealth Ontario's website.

connectingGTA, connectingSouthWestOntario (cSWO) and connectingNorthernandEasternOntario (cNEO) were developed collaboratively, and will be managed and updated alongside valued external delivery partners: The Ottawa Hospital, University Health Network and London Health Sciences Centre.

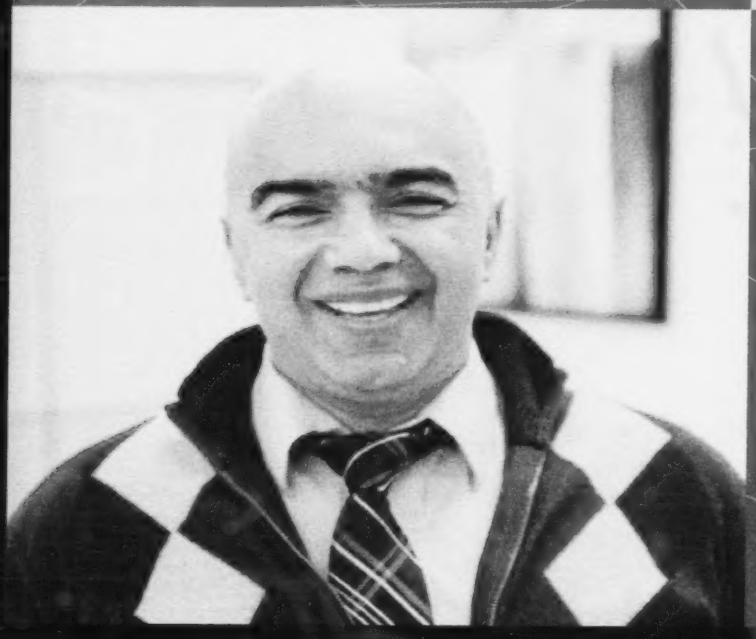
Clinicians, information technology specialists and health service providers can now access the latest regional integration news and bulletins, privacy and security policies and valuable resources with the click of a mouse.

"It has expanded my ability to obtain, retrieve and review information for the patients that I see."

Dr. Roddy Caulfeild
Family Physician
Sauble Family Health Team
Sauble Beach, Ontario

"The cNEO viewer is going to provide information to clinicians including reports from hospitals, reports from consultants, discharge summaries as well as lab information. This means better quality of care and better safety for patients."

Dr. Glen Geiger
cNEO Physician Executive Lead and Chief User
Chief Medical Information Officer
The Ottawa Hospital
Ottawa, Ontario



"It saves our patients unnecessary repeat investigations."

Dr. Upender Mehan
Family Physician
Centre for Family Medicine
Kitchener, Ontario

ESTABLISHING REGIONAL PORTALS

Recognizing the challenge of EHR implementation and delivery across 14 LHINS and thousands of health service providers across the province, three regional hubs were created in the Greater Toronto Area, Southwest Ontario and Northern and Eastern Ontario to leverage partnerships and coordinate the efforts of building ehealth solutions.

This regional hub model allows for solutions to be built and delivered with regional engagement, consultation and alignment to local clinical and system priorities, while laying the platform to enable connectivity across the province.

Among notable achievements in 2014–2015 is the cSWO regional viewer – ClinicalConnect™ – which integrates data from 50 hospitals, four Community Care Access Centers and four Oncology Centers. eHealth Ontario also enabled mobile access capabilities via smart phone and tablets to the regional clinical viewer. Care providers are already noticing the difference that EHR services can provide to their workflow and patient care. In the cSWO region, users have accessed the clinical viewer over 18 million times within a recent three-month period.

In the Greater Toronto Area, electronic health records will soon be shared between thousands of users across the community and hospital settings.

"The benefits of the connectingGTA viewer for our patients is that we can get their information in real time. If they are very sick and critically ill we don't have to wait for faxes and phone calls."

Melissa Rose
Resource Nurse, Coronary Care Unit
William Osler Health System
Brampton Civic Hospital
Brampton, Ontario

REGIONAL INTEGRATION

eHealth Ontario is partnering with health service providers and all 14 Local Health Integration Networks (LHINs) under the banner ConnectingOntario to integrate health care data from the information systems of three regions — Greater Toronto Area (connectingGTA), Southwest Ontario (cSWO), and Northern and Eastern Ontario (cNEO). Once complete, every citizen of Ontario will be assured of fully informed health care decision making wherever they receive health care. This is the Ministry's commitment to using technology to put patients first.

- **connectingGTA** is integrating electronic patient information from across the care continuum and will establish EHRs for over 6.5 million people – representing over 50% of Ontario's population. Working with delivery partner University Health Network, implementation started mid-2014 with a limited production release to test the solution in a clinical environment with 75 clinicians across the greater Toronto area. The connectingGTA solution is expected to expand to more than 40,000 users by end of 2016. In addition, the Telus solution has been transferred to eHealth Ontario and is now a provincial asset.
- **connectingNorthernandEasternOntario (cNEO)** is deploying, integrating and adopting the solution to create EHRs for 2.4 million residents, representing 20% of Ontario's population. The program covers over 18,000 clinicians from across 686 health service providers including acute and community health care providers. eHealth Ontario has now delivered clinical value projects integrating over 23 health service providers, 6,800 clinicians and foundational readiness for cNEO regional services
- **connectingSouthWestOntario (cSWO)** will accelerate the development and implementation of EHRs across south west Ontario for over 3.6 million residents using existing local, regional and provincial patient information systems. The program involves approximately 2,400 health service providers and 39,000 health care professionals in the four local health integration networks.

WEB "GADGETS" AND "PORTLETS" LINKING DISPARATE RESOURCES

eHealth Ontario's Portal Services is creating transformative data integration tools giving authorized users across the province secure access to personalized information and services through web-based tools known as portlets and gadgets.

Benefiting patients and care providers alike, eHealth Ontario has delivered nine web-based applications to date enabling access to clinical data from provincial data repositories, including the portlets:

- **Client Selector,** which uses health number, date of birth and gender to locate and verify a patient in the Client Registry.
- **Patient Selector,** which uses a health number or other identifier (e.g., medical record number (MRN)), date of birth and gender to locate and verify a patient in OLIS – currently available to 300 users at five different hospitals.
- **Patient Lab Results,** which displays a list of patient lab test results and reports from OLIS – currently available to over 2,100 users across 14 organizations.
- **Ontario Drug Benefit Claims History,** which displays a list of the patient's drug claims from the Ontario Drug Benefit program – currently released to The Ottawa Hospital's 255 users.
- **Portal Context Framework,** which allows all portlets on a web page to interact with one another and share patient context (e.g., Health Number) with other portlets.
- **Client Details,** which displays select patient information to help ensure data belongs to the correct patient.
- **Diagnostic Imaging Reports,** which displays a list of diagnostic imaging reports from the DI repository for a selected patient.
- **Provider Registry,** which enables end-users to search and find any health care provider in the province by name, specialty and geographic location.

OUR CONSULTATIVE APPROACH TO DATA CREATION

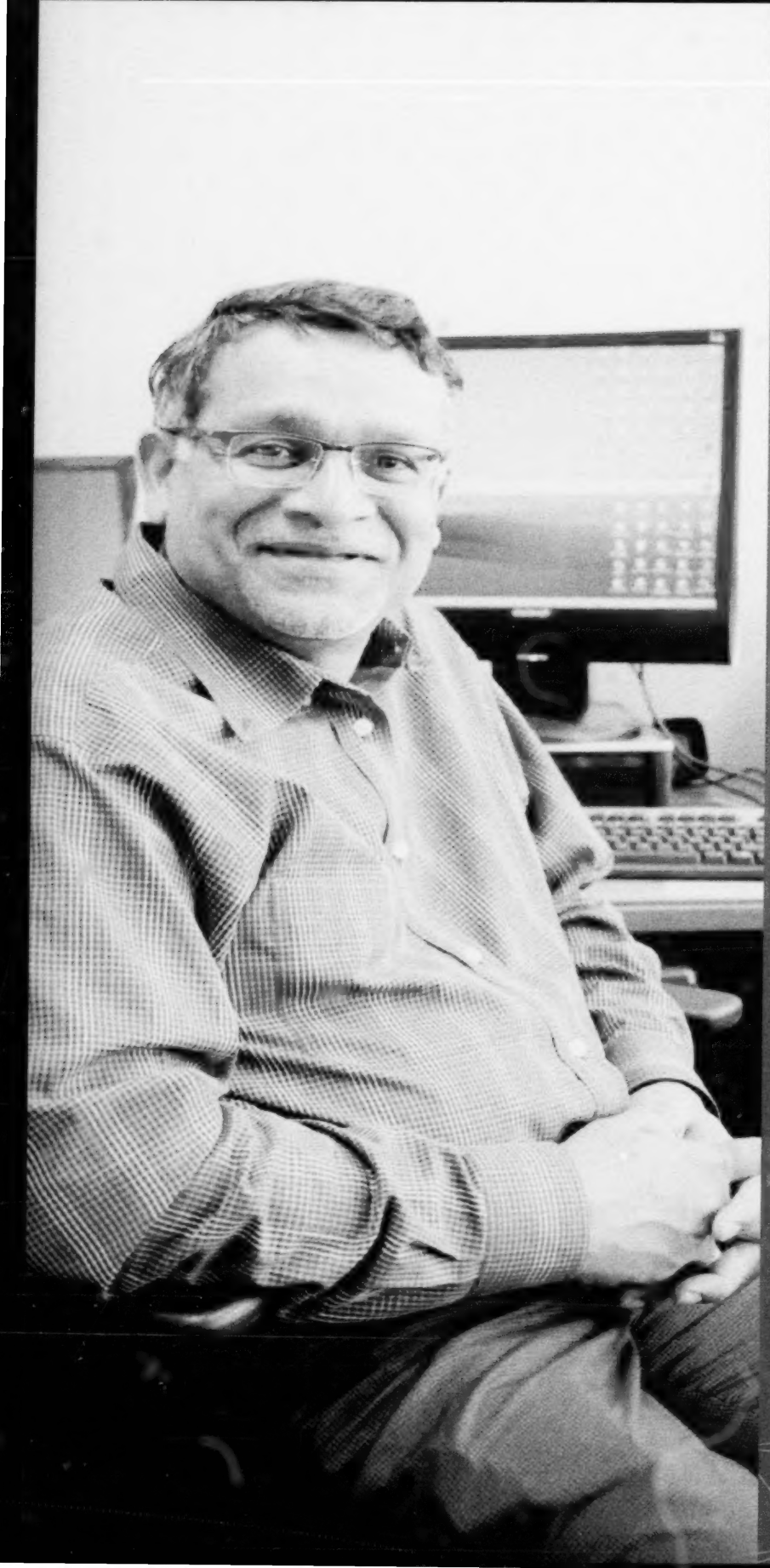
eHealth Ontario recognizes the importance of the clinical community's engagement and added-value in helping to develop the EHR. The EHR must contain the most important patient information, presented in a way that clinicians can access and use effectively. We are accomplishing effective clinician engagement through the work within our connectingOntario initiative, as well as the advice of our Clinical Advisory Council (CAC).

Through the CAC, the Chief Medical Informatics Officer (CMIO) established the clinical engagement function with a clear strategy to work with the community to enhance business decision-making at eHealth Ontario. The first 20-member CAC was established with clinical representation from across the province and kicked off its inaugural meeting on October 1, 2014. The CAC is critical to ensure sound clinical priorities achieve best value for money through ehealth investment. The CAC reconvened again in March 2015 to discuss clinical priorities in EHR planning.

As a result, the CMIO team is well on its way to solidifying a centre of excellence in benefits realization, having developed a practical framework and approach to ensure clinical value-driven planning, benefits monitoring and measurement. The team is also working with the connectingOntario to initiate a common platform allowing the three regional "connecting" programs to share lessons and best practices.

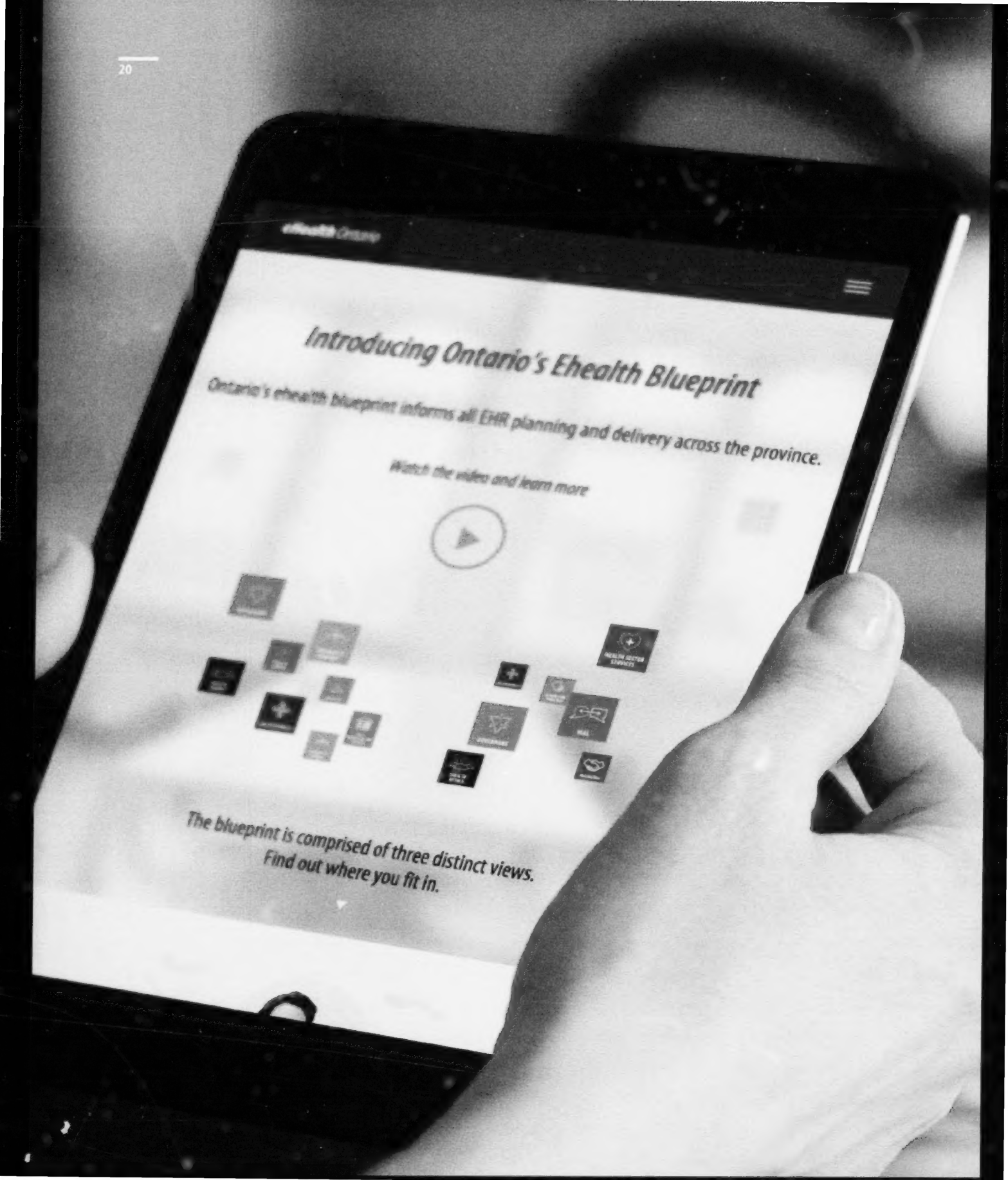
"Often time patients see specialists at regional hospitals in other cities. cNEO will link us electronically and allow us to coordinate our care plans and deliver more cost effective, higher quality care."

Dr. Richard Almond
Family Physician
Fort William Family Health Team
Thunder Bay, Ontario



"As a patient and clinician, I am confident that the information on the connectingGTA interface is secure and can be trusted. It allows the clinician to focus on clinical decision making."

Dr. Naresh Mohan
Chief of Staff
Rouge Valley Health System
Toronto, Ontario


Introducing Ontario's Ehealth Blueprint
Ontario's ehealth blueprint informs all EHR planning and delivery across the province.
Watch the video and learn more
The blueprint is comprised of three distinct views.
Find out where you fit in.

Strengthening the Foundation of the EHR

GUIDING STAKEHOLDERS ON ARCHITECTURE, STANDARDS & PLANNING

eHealth Ontario's Architecture, Standards & Planning program helps ensure information and solutions are designed so they can be readily exchanged and understood by care providers across the province.

The team works closely with health care providers, hospitals, community-based providers, the provincial and federal governments, and vendors to develop and maintain the best solutions for Ontarians. As a result, eHealth Ontario leads the way in standards and information architecture development for the electronic sharing of patient information.

In 2014, the team helped launch a new ehealth blueprint, which offers a common vision of how various components of an EHR will work together in their future end-state.

The blueprint will impact all electronic health record planning and delivery across the province for years to come, and is critical to ensuring a safe, robust and secure system where millions of records containing untold amounts of personal health information can be exchanged.

The Ontario EHR architecture and standards governance committees are comprised of 23 health organizations and were established to help prioritize, guide and approve interoperability standards for ehealth solutions and services. In 2014, the external standards strategic, business and technical committees' scope of work was expanded to include EHR architecture. In 2014/15, the Clinical Document Architecture (CDA) Header and Single Sign On/Patient Context Sharing specifications, along with Ontario's EHR Connectivity Strategy underwent rigorous provincial stakeholder review.

NEW BLUEPRINT WEBSITE

To publicize the blueprint and its many resources, eHealth Ontario launched a brand new website devoted to it at www.ehealthblueprint.com.

Built on a responsive design, the website provides comprehensive online documentation covering applications, systems, standards and architecture principles and patterns.

Interactive blueprint views enable quick and easy discovery of the various components that make up the EHR, and eLearning courses provide training for those looking for even more depth.

"The [eHealth Ontario] workshop allowed us at the LHIN and local health service provider level to work with the province on aligning architecture, implementation schedules, and resourcing requirements, to ensure that Northeastern Ontario client and provider needs are met. It was a very successful day."

Tamara Shewciw
Chief Information Officer
and eHealth Lead
Northeast LHIN

APPROVED! PROVINCIAL STANDARD FOR EXCHANGING CLINICAL DOCUMENTS

eHealth Ontario, with the input of stakeholder organizations, reviewed, approved and released a provincially-approved standard essential for clinical documents to be shared over Ontario's electronic health record. The provincial clinical document architecture header enables a common approach to registering any type of electronic document in a clinical document registry.

The clinical document architecture is composed of a header, which is consistent across all documents, and a body containing human readable content. The standard allows for all points of connection to have a standardized means of querying for documents, regardless of the repository where they are contained. This means that a clinician can be assured he or she will always have access to all relevant patient records wherever they may exist in any part of the EHR.

EVOLVING ONTARIO'S EHEALTH BLUEPRINT

In November 2014, Ontario's Ehealth Blueprint was released to the public and health care community. This is the core planning tool to help Ontario's health care sector collaboratively build a fully interoperable EHR, providing a lifetime record of an individual's health history.

The blueprint gives Ontario's health care organizations, vendors and information technology (IT) subject-matter experts guidance in building new standards-based, secure and robust ehealth solutions and integrating existing resources.

eHealth Ontario, under the leadership of Chief Architect Peter Bascom, is playing a critical role in helping organizations adopt and implement the blueprint through centralized and coordinated advisory consultations and workshops on alignment strategies, standards selection and stakeholder engagement.

WHAT'S NEW?

The refreshed 2014 blueprint offers in detail a common vision of how various components of an EHR will work together in their end-state. The blueprint will impact all electronic health record planning and delivery across the province for years to come, and is critical to ensuring a safe, robust and secure system where millions of records containing untold amounts of personal health information can be exchanged.

Based on consultations with health care stakeholders, the blueprint provides:

- Tools for business and IT stakeholder dialogues
- An architecture and standards framework that can be leveraged for local or regional innovations, while supporting province wide alignment
- Recommendations for ehealth strategic planning, solution planning, and investment decisions

Since various stakeholders look at EHRs from different viewpoints, the blueprint provides three perspectives for the future of Ontario's ehealth system:

- **Business View:** Designed largely for those involved in strategic planning and investment decisions, such as planners, providers, managers, architects, health custodians and funders, this view highlights the business and non-technical services available to the health sector so they can conduct more effective planning.
- **Information View:** Articulates what data needs to be captured as part of a patient's EHR at different points in the health care system. For example, using this view, system users can identify a patient's health conditions, disabilities, lifestyle, family history, allergies and immunization history.
- **Systems View:** Describes various components making up Ontario's EHR, such as defining the applications, services and core infrastructure required to build and integrate ehealth solutions. It also shows how EHR resources and services are integrated and deployed, and how the blueprint is governed. It will enable developers to create service-oriented solutions that can be repurposed and won't be compromised as technologies evolve. For example, it describes the standards needed to consume and provide data — ensuring a consistent method is used to access data that follows international standards in other jurisdictions.

Ultimately, the blueprint translates into significant cost savings for the health care sector, and improve the patient experience through better coordinated care, information sharing, and faster testing and diagnoses.

ENDORSED! ONTARIO'S EHR CONNECTIVITY STRATEGY

Drafted during fiscal 2014 /2015, the Connectivity Strategy supports the recently launched ehealth blueprint. The blueprint describes the components required for the future state EHR; while the Connectivity Strategy outlines the steps required to go from the current to future state of the EHR.

The Connectivity Strategy outlines how health care information will be connected to create a safe, cost-effective, provincially integrated EHR. It was designed to inform investment and integration decisions by illustrating how local and regional health information technology solutions need to integrate with provincial assets to become part of Ontario's EHR.

In March 2015, after a formal provincial review, Ontario's EHR Architecture and Standards Strategic Committee endorsed the Connectivity Strategy. Extensive consultation with the Ministry and a wide-range of stakeholders including clinicians, took place.

The Connectivity Strategy was shared with the Ministry, where it was acknowledged for its role in providing a roadmap for the health sector to finish in-flight projects, and as a valuable framework within which future integration opportunities will be shared.

SINGLE SIGN ON/PATIENT CONTEXT SHARING STANDARD RELEASED

One of eHealth Ontario's most requested standards — Single Sign On — was released to the health care community in November. This standard allows users to securely log on once and then access the full range of ehealth solutions across the province.

Patient context sharing, often tied together with the concept of Single Sign On, allows for the sharing of clinical information across applications so specific content for a given patient can be immediately displayed without having to reselect it within each application.

The Single Sign On standard not only allows secure logging into the system in a user's own region, but also the full range of provincial ehealth solutions, including connectingGTA, eSWO, eNEO, eHealth Ontario, Cancer Care Ontario and Ontario Telemedicine Network portals.

With Single Sign On, users will no longer require multiple user IDs and passwords, simplifying and improving access to patient information, supporting sharing of hospital and LHIN-based health information systems, and simplifying administrative, business, agreements and technical interactions between health care organizations.

ENSURING AUTHORIZED IDENTITY ACCESS

eHealth Ontario's Identity, Access and Privacy (IAP) program enables the interaction of all the people and health care delivery organizations that participate in Ontario's health care system. IAP helps deliver services to authorized individuals in a secure manner compliant with all appropriate government legislation, including the Personal Health Information Protection Act, 2004 (PHIPA). IAP also provides foundational components of Ontario's ehealth blueprint for the EHR.

The IAP program is comprised of five distinct but integrated registries that ultimately fulfill the design, development and deployment of critical ehealth infrastructure components and services, including:

- **Client Registry (CR)/Provincial Client Registry (PCR):** This is the authoritative source for the patient identity and demographic information used to support the coordination of patient care, enabling the accurate identification of patients to link together their records of health information in the EHR.
- **Provider Registry (PR)/Provincial Provider Registry (PPR):** This is the authoritative registry of professional and demographic information about regulated health care professionals and health care organizations in Ontario. The data is used to facilitate the accurate identification of provider persons and organizations that collect, use or disclose personal health information in the EHR. It also supports clinical processes at the point of service, such as patient referrals and provider-to-provider communications.
- **User Registry (UR):** This ensures only users or systems that are entitled and authorized have access to requested eHealth Ontario applications and data. Only health care providers and organizations that are in the Provider Registry, and at the same time authorized by the User Registry, can access eHealth Ontario applications and data.
- **Consent Management Technology Program (CMTP):** CMTP provides a standardized approach for the management of client consent directives, allowing clients and substitute decision makers to exercise control over the disclosure of their personal health information, and enabling eHealth Ontario system users' compliance with Personal Health Information Protection Act 2004 (PHIPA) and privacy policies.
- **Monitoring and Control Technology Program (MCTP):** MCTP provides automated collection of the audit logs associated with electronic transactions containing Personal Health Information (PHI) within the EHR. It enables eHealth Ontario's and eHealth Ontario system users' compliance with the Personal Health Information Protection Act (PHIPA) and provides enhanced capacity to monitor and report on user access to the EHR.

DATA QUALITY MANAGEMENT

eHealth Ontario reports on data quality services to contributing health care facilities and the Ministry, and has established and manages a standardized data quality measurement matrix tool. Progress to date includes the release of a data collection "best practices" guide, which encourages recording information in a consistent way that improves data quality and value, and reduces errors and remediation — better enabling timely, accurate patient identification and, eventually, trend analysis. Also, monthly Enterprise Master Patient Index (EMPI) reporting has been established for key volume and quality performance measures (KPIs), which measure accuracy, completeness, timeliness and relevance/value of data. Promotion of the guide and KPI performance measures among key stakeholders is helping develop an adoption strategy and a supporting maintenance model for stronger data management and governance. Regarding data remediation:

- 100% of data sources contributing to the Provincial Client Registry (PCR) are supported by eHealth Ontario's data quality tools and remediation services;
- Enhanced processes are in place to protect EHR data and services through the quarantining of potential overlay records and duplicates, which can pose a high patient risk. The quarantining process, along with data quality services, are extended to participating stakeholders as quality controls that are of significant importance to eHealth Ontario in ensuring the data is fit for use and meets Ontario's EHR objectives.

ONGOING PRIVACY & SECURITY INITIATIVES

eHealth Ontario's Privacy Office continues to ensure the privacy and confidentiality of personal health and other information entrusted to it. The Office has specific privacy obligations and has established a privacy governance framework to meet those obligations, and for the creation and maintenance of shared electronic health records.

In 2014, a Connecting Security Committee was formed with representation from eSWO, connectingGTA, eNEO and eHealth Ontario's security and privacy departments to harmonize security policies in achieving the Connecting Ontario Strategy. The Connecting Privacy Committee, which also includes representatives from eSWO, eNEO, connectingGTA, the Ministry and the Office of the Information & Privacy Commissioner of Ontario, completed and approved eight harmonized privacy policies to support common privacy standards and operations for all health information custodians, and to serve the privacy needs of individual Ontarians.

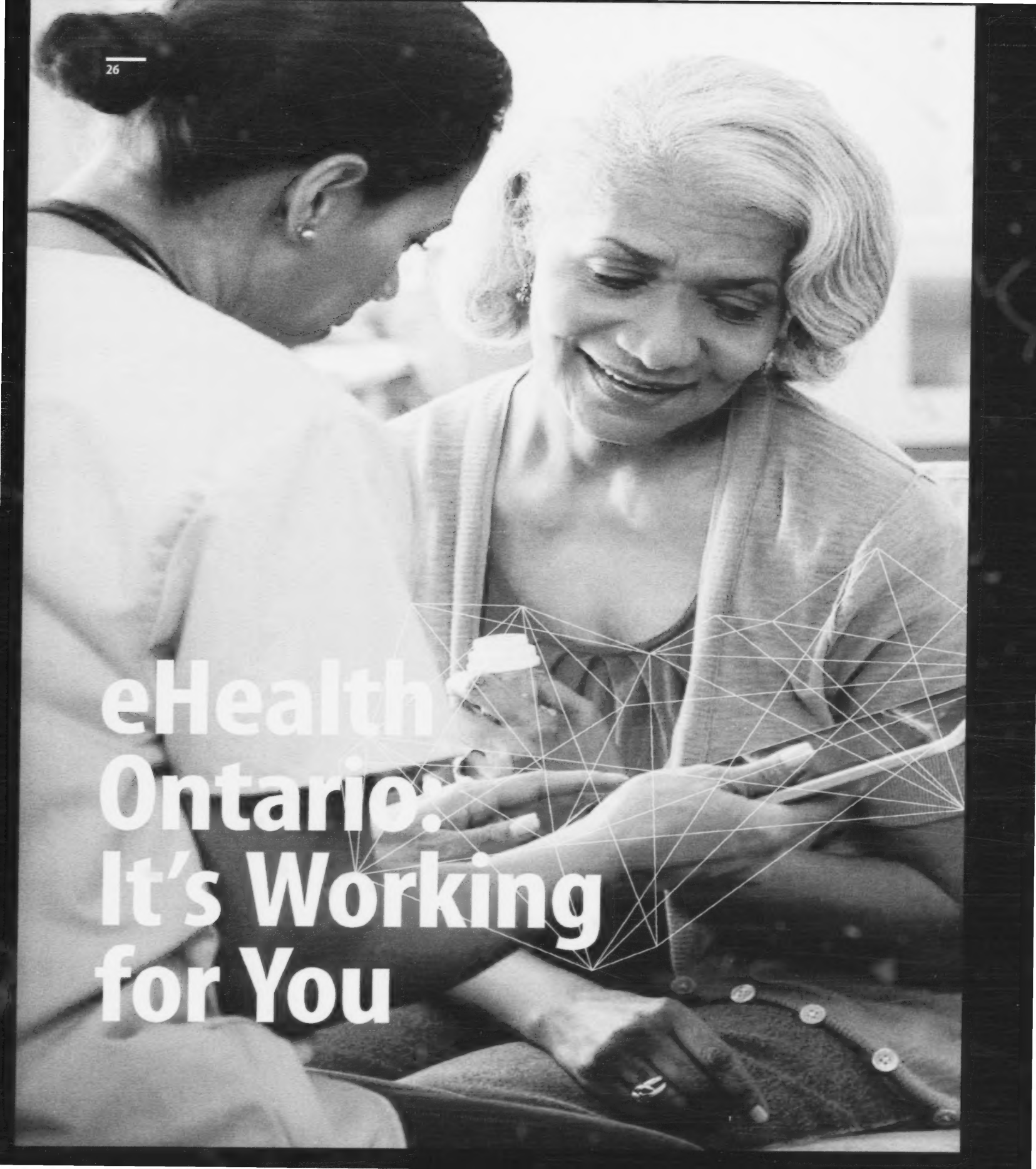
- The Connecting Security Committee is a provincial security forum consisting of eSWO, eNEO and connectingGTA senior security representatives and eHealth Ontario. The Committee is a decision-making body that is responsible for establishing a functional and usable information security governance framework for participating organizations that provide content or access the EHR. It also oversees implementation of the information security governance framework in participating organizations.
- The Committee developed and approved 14 provincial security policies to be implemented by participating organizations providing content or accessing the EHR, which is in direct support of Connecting Ontario.
- eHealth Ontario continues to improve on its information security and, in 2014, entered into a managed security services agreement with a major security firm to monitor systems on a 7/24/365 basis.

BUILDING A STRATEGICALLY-FOCUSED ORGANIZATION

eHealth Ontario's Corporate Services function continues to build and grow the organization's capacity for strong financial, human resource, procurement, and facilities management by enhancing corporate reporting and transparency through internal audit, corporate compliance, and enterprise risk management measures.

Internal auditing at eHealth Ontario continues to develop a comprehensive audit function with a new approach to establishing a balanced audit plan that provides eHealth Ontario management and its Board with proactive assurance and audit advice supporting business outcomes.

eHealth Ontario has also initiated efforts to build a mature, integrated and strategically-focused enterprise risk management function that builds on a foundation of existing risk practices and methods. In 2014–2015, eHealth Ontario established a Compliance Framework, and will continue to implement a comprehensive compliance program.



eHealth Ontario: It's Working for You

PATIENT CARE BENEFITS

Electronic health records are having a significant and positive effect on patient care across Ontario by:

- Improving care through safer, more accurate and complete information shared among all health care providers
- Reducing wait times for appointments, medical procedures and access to community care facilities
- Reducing wait times for laboratory test results and clinical diagnosis
- Improving security of confidential health information through modern, encrypted data protection systems

PHYSICIAN AND CLINICIAN BENEFITS

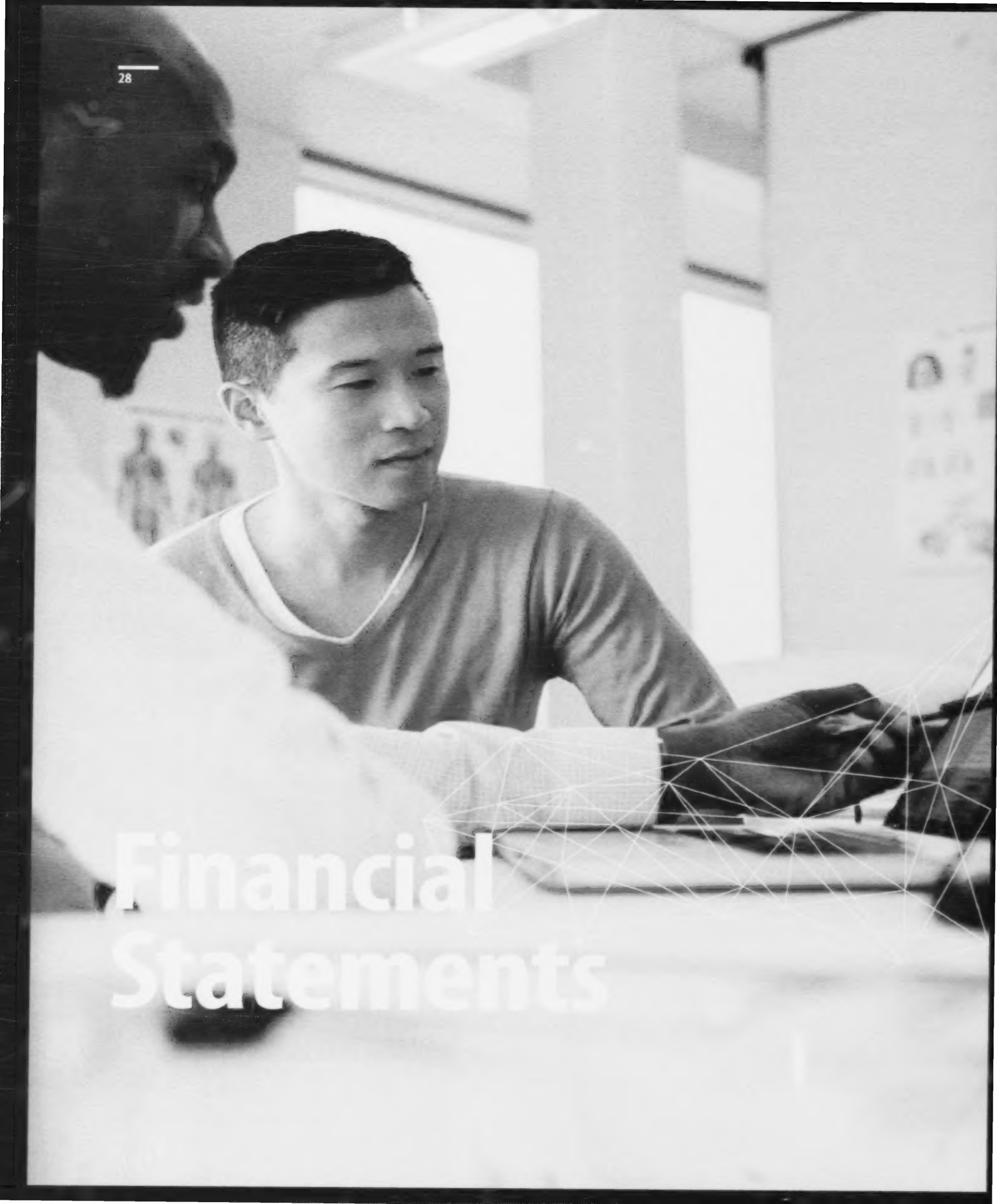
For care providers, electronic health records are transforming medical care with:

- Immediate, accurate and secure electronic access to important patient medical information from all relevant sources, including hospital and community care reports, discharge records and EMR files
- Rapid access to a wide array of data, ranging from annual patient physicals, lab reports and test results to medication history and digital diagnostic images
- Ability to coordinate and share data among different electronic record-keeping systems
- Reduced potential for adverse drug interactions due to electronic prescribing and record keeping
- Improved practice efficiencies through automated workflows
- Additional time to focus on patient needs and concerns

HEALTH CARE SYSTEM BENEFITS

Electronic health records improve health care access and the quality of patient care while reducing costs:

- Lowering costs through fewer duplicate tests, fewer physician and specialist visits, and fewer emergency room and hospital visits
- More efficiently transferring patients to the appropriate level of care, ranging from hospital emergency rooms to long-term care facilities
- Improving management of chronic diseases
- Reducing demands on health care resources



Financial Statements

Cynthia Morton
Chief Executive Officer

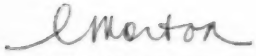
MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL INFORMATION

Management and the Board of Directors are responsible for the financial statements and all other information presented in the Annual Report. The financial statements have been prepared by management in accordance with Canadian public sector accounting standards and where appropriate, include amounts based on management's best estimates and judgment. Management is responsible for the integrity and objectivity of these financial statements. The financial information presented elsewhere in this Annual Report is consistent with that in the financial statements in all material respects.

eHealth Ontario is dedicated to the highest standards of integrity in its business. To safeguard the agency's assets and assure the reliability of financial information, the agency follows sound management practices and procedures, and maintains appropriate financial reporting systems and controls.

The Board of Directors ensures that management fulfills its responsibilities for financial information and internal controls. The financial statements have been reviewed by eHealth Ontario's Finance and Audit Committee and approved by the Board of Directors.

The financial statements have been examined by Ernst & Young LLP, independent external auditors appointed by the Board of Directors. The external auditors' responsibility is to examine the financial statements in accordance with Canadian generally accepted auditing standards to enable them to express their opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Independent Auditor's Report outlines the scope of the Auditor's examination and opinion.



Cynthia Morton
Chief Executive Officer

FINANCIAL COMMENTARY

The financial commentary describes the financial position and results of operations of eHealth Ontario ("the agency") for the fiscal year ended March 31, 2015. This commentary should be read in conjunction with the financial statements and accompanying notes, which have been prepared in accordance with Canadian public sector accounting standards. Management is responsible for the information presented in the Annual Report.

FUNDING

eHealth Ontario receives all of its funding from the ministry. Under its establishing regulation as an operational services agency, it is prohibited from receiving funding from any other source. eHealth Ontario does not charge health care providers for any products or services.

As noted in the Statement of Operations and Changes in Net Assets, and the Notes to the Financial Statements, funding for reporting purposes has been separated into government grants and capital contributions. Capital contributions relate to the purchase of property, equipment and software that are amortized over their useful lives. For FY 2014/15, the amortized expenditure was $19.3 million compared to $24.0 million in the prior year.

To support eHealth Ontario's general operations and projects, the agency received $358.2 million in committed funding in FY 2014/15 compared to $353.9 million in FY 2013/14.

FY 2014/15 EXPENDITURES

Total expenditures, including capital spend, were $389.8 million (operating expenses - $363.3 million; capital spend - $26.5 million) in FY 2014/15 compared to $344.5 million (operating expenses - $326.9 million; capital spend - $17.6 million) in FY 2013/14.

The Statement of Operations and Changes in Net Assets (see excerpt in Table 1 below) reflects the total expenses, with the exception of total capital expenditures, in the year. It includes only the portion of capital amortized within the year.

Table 1: Expenses	FY 2014/15 ($ IN MILLIONS)	FY 2013/14 ($ IN MILLIONS)
Expenses		
Core business	194.0	155.4
Technology services	100.2	105.7
Corporate functions & shared support services	69.1	65.8
Operating expenditures	363.3	326.9
Amortization of capital assets	19.3	24.0
Total expenses	382.6	350.9

CASH FLOW AND FINANCIAL POSITION

Cash used in operating activities was $10.9 million in FY 2014/15 compared to $62.9 million in FY 2013/14. This variance is due to the timing of ministry funding and the payment of expenditures.

Cash used to purchase capital assets decreased by $10.0 million to $16.7 million in FY 2014/15 due to the timing of payments in respect of these purchases.

Significant changes in the year end balances on the Statement of Financial Position were caused by the timing of ministry funding and the timing of project expenditures.

INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF EHEALTH ONTARIO

We have audited the accompanying financial statements of eHealth Ontario, which comprise the statement of financial position as at March 31, 2015 and the statement of operations and changes in net deficiency and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of **eHealth Ontario** as at March 31, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Toronto, Canada
June 25, 2015

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants

STATEMENT OF FINANCIAL POSITION

(in thousands of dollars)

As at March 31	2015 $	2014 $
ASSETS		
Current		
Cash	18,869	19,993
Prepaid expenses	7,279	10,526
Due from Ministry of Health and Long-Term Care (note 3(b))	27,248	6,411
HST and other receivables	5,318	8,673
Total current assets	58,714	45,603
Capital assets, net (note 4)	70,033	62,792
Prepaid expenses	1,206	3,042
	129,953	111,437
LIABILITIES AND NET DEFICIENCY		
Current		
Accounts payable and accrued liabilities (note 6 (e))	75,727	38,936
Due to Ministry of Health and Long-Term Care (note 3(a))		9,709
Total current liabilities	75,727	48,645
Deferred capital contributions (note 5)	70,033	62,792
Total liabilities	145,760	111,437
Commitments and contingencies (note 6)		
Net deficiency (note 1)	(15,807)	
	129,953	111,437

See accompanying notes.

On behalf of the Board:

Cynthia Morton
Chief Executive Officer

Raymond V. Hession
Chair of the Board of Directors

STATEMENT OF OPERATIONS AND CHANGES IN NET DEFICIENCY

[in thousands of dollars]

YEARS ENDED MARCH 31	2015 $	2014 $
REVENUE		
Government grants [note 3[a]]	347,519	326,991
Amortization of deferred capital contributions [note 5]	19,259	24,046
	366,778	351,037
EXPENSES [note 7]		
Core business	194,000	155,443
Technology services	100,161	105,743
Corporate functions and shared services	69,165	65,805
Total expenses	363,326	326,991
Amortization of capital assets [note 4]	19,259	24,046
Total expenses including amortization of capital assets	382,585	351,037
(Deficiency) excess of revenue over expenses for the year [note 1]	(15,807)	—
Net deficiency, beginning of year	—	—
Net deficiency, end of year	(15,807)	—

See accompanying notes.

STATEMENT OF CASH FLOWS

[in thousands of dollars]

Years ended March 31	2015 $	2014 $
OPERATING ACTIVITIES		
(Deficiency) excess of revenue over expenses for the year	(15,807)	—
Add (deduct) items not involving cash		
Amortization of deferred capital contributions	(19,259)	(24,046)
Amortization of capital assets	19,259	24,046
Changes in non-cash working capital balances related to operations		
Prepaid expenses	5,083	(3,329)
HST and other receivables	3,355	(892)
Accounts payable and accrued liabilities [note 8]	26,992	(23,601)
Due to/from Ministry of Health and Long-Term Care	(30,546)	(35,136)
Cash used in operating activities	(10,923)	(62,958)
INVESTING ACTIVITIES		
Purchase of capital assets [note 8]	(16,701)	(26,733)
Cash used in investing activities	(16,701)	(26,733)
FINANCING ACTIVITIES		
Contributions used to fund capital assets	26,500	17,640
Cash provided by financing activities	26,500	17,640
Net decrease in cash during the year	(1,124)	(72,051)
Cash, beginning of year	19,993	92,044
Cash, end of year	18,869	19,993

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

1. NATURE OF OPERATIONS

eHealth Ontario is designated as an operational service agency established under the Ontario Regulation made under the Development Corporations Act (O. Reg. 43/02). Subsection 2(3) of O. Reg. 43/02 provides that eHealth Ontario is, for all purposes, an agency of Her Majesty within the meaning of the Crown Agency Act and its powers may be exercised only as an agency of Her Majesty. Subsection 6(1) of O. Reg. 43/02 provides that the Board of Directors is composed of the members appointed by the Lieutenant-Governor in Council on the recommendation of the Minister of Health and Long Term Care. The Lieutenant-Governor in Council can appoint up to 12 members to eHealth Ontario's Board of Directors. Pursuant to subsection 7(1) of O. Reg. 43/02 and subject to any directions given by the Minister of Health and Long-Term Care under section 8, the affairs of eHealth Ontario are under the management and control of the Board of Directors. Subsection 9(1) of O. Reg. 43/02 provides that the Chief Executive Officer of eHealth Ontario be appointed by the Lieutenant-Governor in Council.

The objectives of eHealth Ontario are as follows:

[a] to provide eHealth Ontario services and related support for the effective and efficient planning, management and delivery of health care in Ontario;

[b] to develop eHealth Ontario services strategy and operational policy; and

[c] to protect the privacy of individuals whose personal information or personal health information is collected, transmitted, stored or exchanged by and through eHealth Ontario, in accordance with the Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act, 2004 and any other applicable law (O. Reg. 339/08, s.4).

eHealth Ontario and the Ministry of Health and Long-Term Care [the "Ministry"] entered into a Memorandum of Understanding and Transfer Payment Agreement effective April 1, 2009. The Transfer Payment Agreement expired on March 31, 2011 and an Accountability Agreement with the Ministry was signed on March 31, 2011 for a one-year term. Effective April 1, 2012, eHealth Ontario and the Ministry entered into an Accountability Agreement for a three-year period ending March 31, 2015. A new Accountability Agreement was signed and effective April 1, 2015 for a three-year period ending March 31, 2018.

eHealth Ontario is funded by the Province of Ontario through the Ministry. Any surplus balance must be repaid in the following fiscal year. Any deficit balance reduces the funding allocation in the following fiscal year.

As a Crown agency, eHealth Ontario is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements were prepared in accordance with the Public Sector Accounting Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. eHealth Ontario has chosen to use the standards for government not-for-profit organizations that include Section PS 4200 to PS 4270. The financial statements have been prepared based on the significant accounting policies described below.

REVENUE RECOGNITION

eHealth Ontario follows the deferral method of accounting for contributions. Contributions are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Contributions with respect to the purchase of capital assets are deferred and recognized as funding in the year in which the amortization expense is recognized.

ALLOCATION OF EXPENSES

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are included in shared services expenses.

CAPITAL ASSETS

Capital assets are recorded at cost, net of accumulated amortization. Amortization is provided on a straight-line basis over the estimated useful lives of the assets as follows:

Computer hardware	3 to 5 years
Computer software	3 to 10 years
Furniture and office equipment	5 years
Leasehold improvements	Over the term of the leases

Capital assets that no longer have any long-term service potential for eHealth Ontario are written down to residual value, if any. The excess of the carrying value over the residual value of such assets is recognized as amortization in the statement of operations and changes in net assets.

Internal labour costs are capitalized in connection with the development of information technology projects.

EMPLOYEE FUTURE BENEFITS

Contributions to a defined contribution plan are expensed on an accrual basis.

3. GOVERNMENT OF ONTARIO

[a] Funding from the Ministry recognized as revenue is calculated as follows:

	2015 $	2014 $
Funding for eHealth Ontario operating/capital expenditures	210,077	234,144
Funding for transfer payments to eHealth Ontario partners	148,073	119,756
TOTAL FUNDING	358,150	353,900
Amounts used to fund capital assets and recorded as deferred capital contributions [note 5]	(26,500)	(17,640)
Interest earned during the year repayable to the Ministry	289	440
Interest earned and funding not received (used) recorded as due from (to) Ministry	15,580	(9,709)
Amount recognized as revenue	347,519	326,991

[b] The amount due from the Ministry consists of the following:

	2015 $	2014 $
Due from the Ministry's Health Services I&IT Cluster	11,668	6,411
Funding receivable	15,580	—
	27,248	6,411

The amount due from the Ministry's Health Services I&IT Cluster related to the purchase of certain hardware and software on its behalf by eHealth Ontario and labour and other operating costs related to services provided by eHealth Ontario.

4. CAPITAL ASSETS

	COST $	ACCUMULATED AMORTIZATION $	2015 NET BOOK VALUE $
Computer hardware	66,688	53,262	13,426
Computer software	92,475	53,776	38,699
Furniture and office equipment	6,796	5,338	1,458
Leasehold improvements	5,913	4,210	1,703
Work-in-process	14,747	—	14,747
	186,619	116,586	70,033

	COST $	ACCUMULATED AMORTIZATION $	2014 NET BOOK VALUE $
Computer hardware	65,271	47,195	18,076
Computer software	82,222	44,107	38,115
Furniture and office equipment	6,203	4,829	1,374
Leasehold improvements	4,464	3,776	688
Work-in-process	4,539	—	4,539
	162,699	99,907	62,792

In the current year, certain assets no longer in use with a total cost of $2,581 [2014 - $4,455], accumulated amortization of $2,228 [2014 - $4,445] and a net book value of $353 [2014 – $10] were written off and included in amortization of capital assets.

During the years ended March 31, 2015 and 2014, there were no impairment charges recognized to write-down work-in-process in connection with projects that were redefined.

5. DEFERRED CAPITAL CONTRIBUTIONS

	2015 $	2014 $
Balance, beginning of year	62,792	69,198
Contributions used to fund capital asset purchases [note 3[a]]	26,500	17,640
Amortization	(19,259)	(24,046)
Balance, end of year	70,033	62,792

6. COMMITMENTS AND CONTINGENCIES

[a] eHealth Ontario has various multi-year contractual commitments for services. Payments required on these commitments are as follows:

	$
2016	67,266
2017	17,730
2018	9,352
2019	2,087
2020	2,060
2021 and thereafter	2,524
	101,019

[b] Ontario Realty Corporation, a Crown Corporation of the Province of Ontario, holds leases on the office space occupied by eHealth Ontario. eHealth Ontario is responsible for all of the operating lease payments. The payments required to the date of expiry are as follows:

	$
2016	5,624
2017	5,368
2018	4,921
2019	4,954
2020	4,971
2021 and thereafter	4,500
	30,338

[c] eHealth Ontario has entered into transfer payment agreements with eHealth Ontario partners that require future payments once defined eligibility requirements have been met. Work has begun under many of these arrangements and progress against the eligibility requirements is monitored regularly. Total future payments in connection with these contracts are approximately $95.1 million, of which $61.8 million is expected to be paid in fiscal 2016. These payments are payable over the period ending March 31, 2018.

[d] eHealth Ontario participates in the health care Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the public liability insurance risks of its members who are all Canadian not-for-profit health care organizations. All members of the HIROC pool pay annual premiums which are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they are members. No assessments have been made for the year ended March 31, 2015.

[e] In the normal course of operations, eHealth Ontario is subject to various claims and potential claims. Management has recorded its best estimate of the potential liability related to these claims where potential liability is likely and able to be estimated. In other cases, the ultimate outcome of the claims cannot be determined at this time.

On June 18, 2015, former Chief Justice Warren Winkler made a decision of binding arbitration that resolves all issues in dispute between eHealth Ontario, CGI Information Systems and Management Consultants Inc. and certain other parties relating to termination of the Diabetes Registry in 2012. Under the arbitration decision, the Agency will make a payment to CGI Information Systems and Management Consultants Inc. of $26.9 million and this amount has been included in accounts payable and accrued liabilities on the statement of financial position as at March 31, 2015.

Any additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments to any amount recorded are determined to be required.

7. EMPLOYEE FUTURE BENEFITS

eHealth Ontario has a defined contribution pension plan for its employees. eHealth Ontario's contributions to this plan during the year amounted to $3,642 [2014 - $3,647].

8. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets for the year ended March 31, 2015 of $9,799 [2014 - $9,093] has been excluded from the statement of cash flows.

9. FINANCIAL INSTRUMENTS

Credit Risk

eHealth Ontario is exposed to credit risk in connection with its accounts receivable because of the risk that one party to the financial instrument may cause a financial loss for the other party by failing to discharge an obligation.

eHealth Ontario manages and controls credit risk with respect to accounts receivable by only dealing with recognized, credit-worthy third parties. In addition, receivable balances are monitored on an ongoing basis. As at March 31, 2015, there were no significant amounts that are past due or impaired.

Liquid risk

eHealth Ontario is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. eHealth Ontario derives all of its operating revenue from the Government of Ontario with no firm commitment of funding in future years. To manage liquidity risk, eHealth Ontario keeps sufficient resources readily available to meet its obligations.

Accounts payable mature within six months.

10. COMPARATIVE FINANCIAL STATEMENTS

Certain comparative figures have been reclassified from statements previously presented to conform to the presentation of the 2015 financial statements.

eHealth Ontario

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